

## GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

### SECTION I

### INSTRUCTIONS

- To change information for existing accounts:
  - Complete section II with the type of request. \* \* \* \* \* **\*Fill in only the applicable fields to be updated.\***
  - Fill in the individual Government Card number: \_\_\_\_\_
  - Fill in the cardholder's name as it appears on his/her Government Card: \_\_\_\_\_
- Approved copy to be maintained in Agency/Organization Program Coordinators files.
- Send completed form to your servicing procurement office.
- All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.

### SECTION II

### TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> A. Cardholder Information Change (Section III)      | <input type="checkbox"/> F. Cash Advance Limit Change (Section V)           |
| <input type="checkbox"/> B. Hierarchy Change (Section IV)                    | <input type="checkbox"/> G. Number of Transactions Limit Change (Section V) |
| <input type="checkbox"/> C. MCC/Blocking Change (Section V)                  | <input type="checkbox"/> H. Account Closure (Section VI)                    |
| <input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)       | <input type="checkbox"/> I. Other Changes: _____                            |
| <input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V) |   |

### SECTION III

### CARDHOLDER INFORMATION (Please Print)

<b>*Last Name of Cardholder</b>		<b>First Name</b>		<b>Middle Initial (maximum 20 characters)</b>	
Agency/Organization Name (maximum 24 characters)					
*4th Line Embossing (maximum 20 characters)				Social Security Number ( )	
Home Mailing Street Address Line 1 (maximum 36 characters)				Home Phone	
Home Mailing Street Address Line 2 ( maximum 36 characters)					
City		State	Zip Code	Country ( )	
Business Mailing Street Address Line 1 (maximum 36 characters)				Business Phone Yes or No	
Business Mailing Street Address Line 2 ( maximum 36 characters)				City Pair Program (circle one)	
City		State	Zip Code	Country	
Email Address ( )					
Fax Number				Discretionary Code 1 (maximum 12 characters)	
Master Accounting Code (maximum 75 characters)				Discretionary Code 2 (maximum 20 characters)	

### SECTION IV

### REPORTING PARAMETERS

Current Reporting Hierarchy: _____	Current AO: _____
New Reporting Hierarchy: _____	New AO: _____
New Card Delivery ID#: _____ (maximum 5 characters)	

### SECTION V

### AUTHORIZATION PARAMETERS

New Dollars per Cycle Limit \$ _____	Convenience Checks (Purchase): Y <input type="checkbox"/> N <input type="checkbox"/> 2 Books _____ 6 Books _____
New Dollars per Transaction Limit: \$ _____	If eligible for Convenience Checks, maximum payment amount equals \$ _____
New Number of Transactions per: Cycle: N/A Day: N/A	ATM Access: Y N Access Limit: Daily \$ _____, Weekly \$ _____, Cycle \$ _____
New MCC Template Name: _____	Travelers Cheques (Travel): Y <input type="checkbox"/> N <input type="checkbox"/>

### SECTION VI

### ACCOUNT CLOSURE INSTRUCTIONS

- A OPC needs to advise cardholder to destroy their card(s).
- A OPC needs to advise cardholder to destroy any unused convenience checks.

### SECTION VII

### AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

Approving Agency/Organization Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

# **GUIDE TO GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM**

FORM USED FOR CHANGES ON EXISTING ACCOUNTS

NOTE: ONLY THOSE DATA ELEMENTS REQUIRING CHANGES NEED TO BE COMPLETED.

## **Section I - Instructions**

Indicate account number and full cardholder's name.

## **Section II - Type of Cardholder Maintenance Request**

Mark the appropriate type of maintenance requested.

## **Section III - Cardholder Information**

- 1. Name of Cardholder:** Full name of Cardholder - Last, First and Middle Initial.
- 2. Agency /Organization Name:** Name of Cardholder's Agency.
- 3. 4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, ie., DOC). This appears on the card under the cardholder's name.
- 4. Social Security Number:** Cardholder's Social Security Number.
- 5. Home Mailing Street Address & Home Phone** Address where the card and statements will be mailed & home number where cardholder can be reached. (Travel Card Only).
- 6. Business Mailing Street Address & Business Phone, E-mail Address & Fax Number:** Address where the card and statements will be mailed. Business number, e-mail address & fax number where cardholder can be reached.
- 7. City Pair Program:** Indicate whether cardholder is a participant of the City Pair Program for government rates on airline tickets. (Travel)
- 8. Discretionary Code:** Alpha and/or Numeric Agency assigned code. This information appears on the cardholder's profile. **Note:** The Agency may have up to two different discretionary codes for each cardholder.
- 9. Master Accounting Code:** Default accounting code (i.e., general ledger code, org & task code) for this cardholder's transactions.

## **Section IV- Reporting Parameters**

- 10. Current Reporting Hierarchy:** The five digit reporting code assigned to each level within the organizational hierarchy that defines the cardholders relationship within your Agency's reporting structure. Up to seven five digit codes may be assigned to your Agency. Contact your Agency/Organization Program Coordinator (AOPC) for your Agency's specific codes.
- 11. New Reporting Hierarchy:** When a cardholder moves from one area to another within the Agency new five digit reporting codes are assigned. Contact your AOPC for your Agency's specific codes.
- 12. Card Delivery ID#:** Five digit ID code used if card(s) will be shipped to central address(es). Bulk Shipment.
- 13. New Dollars per Cycle Limit** \$ Monthly spending limit.
- 14. New Dollars per Transaction Limit** \$ Single transaction limit, ie. \$500, this would restrict a cardholder from purchasing more than \$500 for a single purchase.
- 15. New Number of Transactions per:** Number of transactions a cardholder can perform per monthly cycle or per day. Not applicable to DOC cardholders.

**16. New MCC Template Name:** Merchant blocking schemes. For example, Agency/Organization Program Coordinator may want to block certain types of merchants from being accessed by the cardholder.

**17. Convenience Checks (Purchase):** Indicate access to convenience checks. Indicate number of checkbooks to be issued. Note: Each checkbook contains twenty-five checks.

**18. If eligible for convenience checks, maximum payment amount:** Indicate "not to exceed" dollar amount to be printed on the check. This serves as notification for the merchant.

**19. ATM Access:** Indicate access to cash advances at Automated Teller Machines. (Travel)

**20. ATM Access Limit:** Indicate dollar limit per day, week or monthly cycle. (Travel)

**21. Travelers Cheques (Travel):** Indicate access to purchase Travelers Cheques.

## **Section VI - Account Closure Instructions**

## **Section VII - A/OPC Signature**

**22. Approving Agency/Organization Program Coordinator's Signature:** Program Coordinator must sign for approval.